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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/13/2004

|                                 |   |                             |                        |                     |                         |
|---------------------------------|---|-----------------------------|------------------------|---------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY<br>GERMANY | SHEETS<br>DRAWING<br>3 | TOTAL CLAIMS<br>102 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                             |                        |                     |                         |
| Verified and Acknowledged       | Examiner's Signature _____ Initials _____   |                             |                        |                     |                         |

**ADDRESS**

7055

**TITLE**

Antimicrobial wound covering article

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|-----------------------------|---|---|
| FILING FEE RECEIVED<br>2376 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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